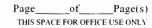
## LOBBYIST MONTHLY REPORT FORM





State of Idaho

To Be Filed By

LOBBYISTS

Ben Ysursa

Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

(Sec. 67-6619) Secretary of State APR 16 PM12: 4.1

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CALLART OF SMALL

SECRETARY OF STATE  (Type or print clearly STATE IDAHO See instructions at bottom of page										ร์ก็	STATE OF IDAHO		
Lobbyist's name and permanent business address							Date prepared				Period covered		
Roger Hales										1	month 6	ending	
	aylor & Ha				04/14/2008			(Ma	(Davi) (V)				
	50 W Banr				04/14/2000		000	(Mo.	1	1 ` `			
	oise, ID 8	<del></del>								03	31	2008	
Item 1	Tota	ls of all reportat	ole expenditures made o	r incurred l	by Lobb	yist o	r by l	Lobbyist's Empl	oyer on	behalf of Lobb	yist's Empl	loyer.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity  *Total Amount for All Employers				Proportionate amounts contributed by each employer (Ide Item 3, at bottom of page.)					lentify employer	rs, under			
	Do Not Have to		All Employers	Employer No.		l E		mployer No. 2	Employer No. 3		Employer No. 4		
Food a	ainment and Refreshn		\$	\$		_	\$_		\$	\$		\$	
Living	Accommoda	ntions				-							
Advert	tising					_							
Travel	Travel												
Teleph	one												
Other I	Expenses or	Services					-						
						_							
		Total	s	\$	0.0	00	<b>\$</b> _	0.00	\$	0.00	\$	0.00	
*When	the number	of employers you	u are reporting for require	es multiple	L-2 form	ns to b	e file	ed a total amoun	for all	employers shoul	d be entered	d on Page 1.	
Item	The totals of each expenditure of more than fifty dollars (\$50) for a												
	Date		Place		An	nount	$\dashv$	Names of Legis	lators, P	ublic and Execut	tive Official	s in Group	
	Continued on	attached page(s)											
	INSTRUCTIONS					Iten 3		Employer(s) Name(s) and Address(es)					
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						No. 1 Bureau of Occupational Licenses 1109 Main St., STE 220 Boise, ID 83702							
Filing deadline: Monthly reports due within ten (10) days of t month for activities of the past month.					f the	No. 2							
TO BE FILED WITH:  Ben Ysursa						No. 3							
Secretary of State PO Box 83720													

No. 4

	Date		Amount	Na	Name of Legislator, Public or Executive Official Receiving or Benefiting						
em 5	or Ho	use Bill,	Resolution or other	ion, the number of the Senate legislative activity in which		LEGISLATIVE SUI					
		-	as supporting or or		Code   01	Subject Agriculture, horticulture,	Code 17	Subject Health service, medicine, drugs			
-	Code able)	Legislat	H-337 H-361 H-362 H-375 H-376 H-378 H-409 H-452 H-453 H-454 H-455	Appropriation Bill Number and Section Number	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, state	18 19 20 21 22 23 24 25 26 27 28 29 30	and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)			
m	bid or l		ss, financial service	ision, procurement, contract es or bond lobbyist was		CERTIFICATION: I hereby certificorrect statement in accordance we have a compared to the compa					